

## ANNUAL REPORT INERT WASTE LANDFILL

FACILITY NAME:	REPORT FOR CALENDAR YEAR:	PERMIT NUMBER:
FACILITY LOCATION (street address):	COUNTY:	
FACILITY CONTACT:	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	
OPERATOR (Company/Business):	OPERATOR CONTACT (Name):	
Did you operate in?  Yes If yes, proceed to next section and complete the form.  No If no, answer the following questions, sign, date and return. This completes your reporting obligations.  When did you stop operations?  Do you plan to restart? No Yes When?  PLEASE SIGN AND DATE THIS FORM AND RETURN:  Prepared by: Date:		
Prepared by:	Date:	
Prepared by:  AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo		
	rt in tons):	EIVED (In tons)
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):  AMOUNT REC	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):  AMOUNT REC	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):  AMOUNT REC	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):  AMOUNT REC	
AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (repo	rt in tons):  AMOUNT REC	

(Form continued on back page)

Remaining permitted capacity: ☐ tons or ☐ cubic yards				
Based on your permit and current rate of waste disposal, years of remaining life for facility:				
Estimated Date of Closure:				
Are you planning and expansion this year?				
Are you open to the public?	ou open to the public?		available):	
During the reporting year, were there any changes in your management practices that would impact your operations?  □ No □ Yes (specify)				
Tes (specify)				
Are there any new solid waste activities planned at your site for this calendar year?   No  Yes (specify)				
Planned start date:				
DID YOU RECEIVE WASTE FROM:	SPECIFY WHERE FROM	TYPE OF WASTE	AMOUNT Specify □Tons □ Cubic Yards	
Out of County?				
Yes No				
Out of State?				
Yes No				
Out of Country?				
Yes No				
PREPARED BY:		DATE:	PHONE:	